

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5802



September 12, 1986

ALL COUNTY INFORMATION NOTICE NO. I-86-86

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CWD SALARY AND BENEFIT STATEMENT, FY 1986/87

The Department of Social Services is transmitting the FY 1986/87 CWD Salary and Benefit Statement (DFA 442). This questionnaire should be completed as soon as cost-of-living information is available and should be returned to the County Administrative Expense Control Bureau.

The 1986/87 Budget Act does not provide for funding of county cost-of-living increases. However, the policy of funding cost-of-living increases one year in arrears remains the same as established by the 1985 Budget Act. Therefore, it is essential to provide this information so that it can be incorporated into the Fiscal Year 1987/88 budgeting process.

The attached statement requires information for the current and prior fiscal year. For FY 1985/86, we are asking for the actual rate of benefits paid in a variety of categories. For FY 1986/87, we are requesting the cost-of-living salary increases granted by the Board of Supervisors, and the computation of the estimated benefit rate. An instruction sheet is attached to facilitate completion of the form.

If you have any questions, please contact Patrick McCarthy of the County Administrative Expense Control Bureau at (916) 322-5802.

Robert T. Sertich

ROBERT T. SERTICH
Deputy Director
Administration

Attachments

cc: CWDA

INSTRUCTIONS FOR COMPLETION OF THE CWD SALARY AND
BENEFIT STATEMENT (DFA 442) - FISCAL YEAR 1986/87

Supply data in Section I and II in decimal fraction amounts carried out two places (Example: 6.67%). If there is an item that is not applicable, enter "N/A." Please provide detailed back-up information on the data submitted to facilitate verification, if needed.

NOTE: IN SECTION I, IF THE EFFECTIVE DATES OF ANY BENEFIT INCREASES DO NOT START ON JULY 1, PLEASE ANNUALIZE WHERE NECESSARY SO THAT THESE INCREASES WOULD BE ON A STATE FISCAL CYCLE. THIS WILL NOT BE NECESSARY IN SECTION II. THEREFORE, PLEASE REFLECT THE ACTUAL SALARY INCREASES REGARDLESS OF THE EFFECTIVE DATES.

Section I: FY 1985/86 and FY 1986/87 average benefits paid by county

Column 1 equals FY 1985/86 Total Paid Contributions - FY 1985/86 Salaries.

Column 2 equals Projected FY 1986/87 Total Paid Contributions - Projected FY 1986/87 Salaries.

Column 3 equals Net Benefit Rate Difference or Column 2 minus Column 1. Total rate, Item g must equal the sum of Items a through f.

Column 4 is the effective date of FY 1985/86 benefits.

Column 5 is the effective date of FY 1986/87 benefits.

Section II: FY 1986/87 cost-of-living salary increase granted by the County Board of Supervisors

Column 1 is the salary increase amount granted by the county Board of Supervisors. (Note: If a given salary pool (e.g., clerical) had different cost-of-livings granted within that pool, use a weighted average for the pool.)

Column 2 is the effective date of FY 1986/87 salary increases.

Section III: Provide explanation of any changes that would affect any cost category individually or in total, such as a change in the number of workweek hours.

CWD SALARY AND BENEFIT STATEMENT - FISCAL YEAR 1986/87

County _____

Contact _____

Title _____

Telephone _____

I. FY 1985/86 and FY 1986/87 Average Benefits Paid by County

| BENEFITS CONTRIBUTION | AVERAGE CWD RATE | | | EFFECTIVE DATE | |
|-----------------------------|-------------------|-------------------|------------------------------|-------------------|-------------------|
| | (1) FY 1985/86 | (2) FY 1986/87 | (3) NET RATE (Col. 2 - 1) | (4) FY 1985/86 | (5) FY 1986/87 |
| a. OASDI | _____ % | _____ % | _____ % | ____/____/____ | ____/____/____ |
| b. Retirement | _____ % | _____ % | _____ % | ____/____/____ | ____/____/____ |
| c. Health Insurance | _____ % | _____ % | _____ % | ____/____/____ | ____/____/____ |
| d. Life Insurance | _____ % | _____ % | _____ % | ____/____/____ | ____/____/____ |
| e. State Compensation | _____ % | _____ % | _____ % | ____/____/____ | ____/____/____ |
| f. Other: (specify) | | | | | |
| _____ | _____ % | _____ % | _____ % | ____/____/____ | ____/____/____ |
| _____ | _____ % | _____ % | _____ % | ____/____/____ | ____/____/____ |
| g. TOTAL RATE | _____ % | _____ % | _____ % | ____/____/____ | ____/____/____ |

II. FY 1986/87 Cost-of-Living Salary Increase Granted by the County Board of Supervisors

| COST OF LIVING | (1) PERCENTAGE GRANTED FY 86/87 | (2) EFFECTIVE DATE |
|--------------------------------------|---------------------------------------|-----------------------|
| a. Eligibility and Nonservices | _____ % | ____/____/____ |
| b. Clerical Support | _____ % | ____/____/____ |
| c. Administrative Support | _____ % | ____/____/____ |
| d. Fraud Investigators | _____ % | ____/____/____ |
| e. Social Services | _____ % | ____/____/____ |

RETURN TO:

County Administrative Expense Control
Department of Social Services
744 P Street, Mail Station 8-200
Sacramento, California 95814